

CLAIM FOR FEES
AND MILEAGE OF WITNESS

Sheet No. _____

(ATTACH TO STANDARD FORM NO. 1156) U.S. _____ Case No. _____
(Department, Bureau, or Establishment)

Name _____ Address _____

Dates of travel _____ Dates of attendance _____

Date and hour discharged from further attendance _____

For travel from _____ to _____ and return

Via (mode of travel must be specified) _____

_____ miles traveled at _____ cents per mile (number of round trips _____)
_____ days in attendance and time necessarily occupied in going to and returning from place
of attendance at \$_____ per day
_____ days in attendance and time necessarily occupied in going to and returning from place
of attendance at \$_____ per day in lieu of subsistence

AMOUNT CLAIMED

Less: Amount previously advanced _____

NET AMOUNT DUE

I certify that the amounts claimed above are correct and just;
that payment has not been received; and that at time of travel
and attendance I was NOT a salaried employee of the Govern-
ment or a detained witness.

(Payee will NOT use this space)

Differences _____

Account verified; correct for

Signature or initials _____

SIGN
ORIGINAL
ONLY

(Payee's signature)

Paid by Check No. _____

Approved for \$ _____ By _____

Date _____ Title _____